

COMMUNITY ADVISORY GROUP

MEETING HELD FEBRUARY 24, 2000

PARTIAL TRANSCRIPT OF THE PROCEEDINGS

FACILITATOR: GERALD MUELLER

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ORIGINAL

1           WHEREUPON, the following proceedings were had:

2           FACILITATOR MUELLER:   Okay, we've, we've now --  
3   We've only got 54 more minutes left, by my watch, so I  
4   do want to, to get to Paul.

5           And Paul, please, you know, answer their questions  
6   from last time.

7           MR. PERONARD:   My reputation for talking long, I  
8   guess apparently proceeds me.   Actually, the -- I went  
9   away from last week with the idea that I needed to come  
10   back with an update on not just the cleanups, but a  
11   couple, three topics.   And so what I've got are three  
12   things I want to update you on as far as our specific  
13   actions.   And then like I said, I wanted, more as a flag  
14   for things coming up in the future -- God forbid we  
15   actually look what's coming down the pipe -- I've got  
16   five subjects, issues that are going to come up that I  
17   want to get people thinking about now instead of waiting  
18   until they're, they're upon us.   Okay.

19          As far as the cleanups go, last time, we mentioned  
20   we have targeted two places in town for cleanup.   One is  
21   the old screening plant/railroad loading station down  
22   off the Kootenai River.   We're in the process of, just  
23   because nothing is ever going to go simple in this job,  
24   negotiating a, sort of a three-way agreement order -- or  
25   four-way, counting DEQ.   We've sort of been partnering

1 on, on that one side. But working with the property  
2 owners for how we're going to schedule and do the  
3 cleanup around their business operations at the  
4 screening plant.

5 Right now, it looks like we're probably going to  
6 start work in May. The cleanup will involve the  
7 excavation of soil off the surface of the property,  
8 probably down to about a foot in most locations. That  
9 should actually take all the vermiculite and asbestos  
10 off the property. It will get hauled off either to a  
11 secure landfill or possibility, one of the topics, my  
12 issues coming up, might be an idea to take it back to  
13 the mine site itself. Something I'll raise for  
14 discussion here in little bit. It doesn't -- from a --  
15 The work there doesn't really matter. It's going to go  
16 offsite and be buried somewhere.

17 We're working out whether they want to, more or less  
18 to try to attempt to have the buildings cleaned, whether  
19 they want them demolished, whether they want the  
20 buildings restored. They're worrying about whether  
21 they're going to come back in business after this is  
22 done or whether they're going to retire. They have to  
23 sort of work out a different agreement with W.R. Grace  
24 about their, their compensation for lost business and  
25 stuff like that.

1           So it's sort of a interim process. We've sat down  
2           and discussed with the property owners some ideas about  
3           how we could do the cleanup or have the cleanup done.  
4           They're coming back with us, telling us how they would  
5           like to see it done, to work around their needs and  
6           their life up there.

7           UNIDENTIFIED SPEAKER: Have you got the square  
8           footage on that or, or have you pinpointed it, a rough  
9           estimate? What you call the screening plant has  
10          probably got some people baffled as to --

11          MR. PERONARD: Well, as it turns out, I'd even  
12          missed part of it, by the way, in the original  
13          screening. Not to say that I ever make mistakes. But  
14          there's a parcel of land up there that's owned by the  
15          Raintree Nursery. That's about 21 acres. The cleanup  
16          wouldn't involve the entire surface of that site, but a  
17          good bit of it, say -- I haven't calculated that out,  
18          but about 70, 70 percent of it.

19          UNIDENTIFIED SPEAKER: Both sides of the river?

20          MR. PERONARD: The cleanup on the other side of  
21          the river is probably going to be a lot more limited.  
22          We didn't find as much over there. There's probably  
23          some areas I need to fill in gaps on sample wise that  
24          we'll sort of work out as we go. There's no need to, to  
25          put the cleanup off until we have all the data back. We

1 can get started.

2       There's an area north of the -- I'm sorry, east of  
3 where the nursery is that's actually owned by the  
4 Kootenai Development Corporation right now that was  
5 actually part of the parcel of the actual screening  
6 operations. And apparently, they had some storage piles  
7 up there. And I missed it the first time up there. So  
8 we're going to come back and resample that area again to  
9 get that, that border, how far out that goes. Again, we  
10 won't have to stop -- delay the start of the cleanup to  
11 do that, we'll just envelope that end as we're working  
12 up there.

13       The work is fairly basic. It's straightforward.  
14 You know, issues that we'll have come up with this is,  
15 you know, where we decide to actually -- This is things  
16 I need to come back to, from a more public standpoint,  
17 because it goes back to more than just the impact on the  
18 partners up there now, is, how much do we take out, when  
19 do we do this, do we have to do traffic restrictions;  
20 you know, how we actually implement the work so we don't  
21 have broader impacts. Frankly, I see all this as being  
22 pretty straightforward and easy to do. I shouldn't ever  
23 say stuff like that out loud. But it is not complicated  
24 work, I guess in my opinion.

25       What we'll see out of this is we'll generate

1 basically a work plan for how the work is going to go.  
2 Right now, what we're going to attempt to do is have  
3 Grace actually hire and pay the contractors to do the  
4 cleanup, I'll do the oversight for the work. They'll  
5 put together a work plan before anything gets done.  
6 I'll get that out for public review and comment,  
7 probably bring a copy here to have you look at. It  
8 won't be anything particularly earth-shaking. It's not  
9 going to be a workpiece or some great reading. Just  
10 part of being an engineer is you get to write boring  
11 stuff. But that, that's how it will go.

12 And again, the time frame, probably start in May.  
13 Shouldn't take but a couple months to knock the work  
14 out.

15 We still have to resolve how we want to leave the  
16 property, and that's mostly going to be dependent on the  
17 wishes of the partners, how, how they want to come out  
18 of this.

19 UNIDENTIFIED SPEAKER: Is that to dig in and,  
20 and put back?

21 MR. PERONARD: Yeah. Obviously, I've got a  
22 winter, you know, to do the restoration and get  
23 replanted. You know, that's the idea, is we're not  
24 going to scrape it off and leave it denuded. It will be  
25 a -- We'll have to bring in topsoil, we'll have to

1 replant and reconfigure the property. And basically,  
2 we're going to try to put it back more or less how the  
3 partners want it as opposed to, you know, a set rigid  
4 standard. You know, I'll let them, you know, have a say  
5 in sort of how that gets done.

6 UNIDENTIFIED SPEAKER: On the other bank --

7 MS. BENEFIELD: Where are you going to get the  
8 soil?

9 MR. PERONARD: I'm sorry?

10 MS. BENEFIELD: Where are you going to get the  
11 soil?

12 MR. PERONARD: Don't know. Gayla, I don't know.  
13 Those, those are --

14 UNIDENTIFIED SPEAKER: (Inaudible) something for  
15 sale.

16 FACILITATOR MUELLER: Paul, do you want to take  
17 questions now or do you want to wait until, until the  
18 end of your presentation to take questions?

19 MR. PERONARD: I'll just give them my -- Yeah,  
20 maybe I ought to try to run through this and do  
21 questions at the end.

22 FACILITATOR MUELLER: Okay. So let's let Paul  
23 get all the way through this. He's trying to talk to  
24 you about both sites. And then, then we'll open it up  
25 for questions.

1           MR. PERONARD: Okay. The work at the export  
2 plant, I'm not -- and this is, Tony, probably why you  
3 haven't heard from me lately, I'm still waiting for the  
4 soil data. Right now, the, the fibers that we found  
5 were actually in one building out there, the old bagging  
6 area out there. The way I see that going is dropping  
7 the building and replacing it.

8           What I'm waiting for now, to sort of really curry  
9 the scope of the cleanup, is the soil sampling from  
10 around the building and then what we found at the ball  
11 fields. I don't have that back yet. Because obviously,  
12 we want to do all this at once, as opposed to doing a  
13 part, stopping, and coming back and doing it later. I  
14 mean, again, there's not a big time crunch to, to turn  
15 this out. The one building where we found the high  
16 levels isn't crucial to the lumber operations out there.  
17 We can work around the city and the, the current  
18 tenants, the lumber mill out there. So it's a matter,  
19 really, what I'm waiting for now is the data back from  
20 the ball fields and sort of the areas around that to  
21 see, to get the full handle on the scope and the size of  
22 what we do out there.

23           It will follow, progress in a similar fashion to how  
24 we do the screening plants. Again, this is, you dig up  
25 with some controls to keep dust and levels down, you



1 have to outfit the workers for proper respiratory  
2 protection. But it's not particularly complicated work.

3 And that's where we are with the cleanups. We have  
4 in -- something that actually -- A couple of people have  
5 mentioned to me today, when I've been discussing the  
6 data in the past, the air data that we have back, the  
7 railroad loading station screening plants and the indoor  
8 sampling with the air, I've actually discussed this, one  
9 type of operation. When I talk about the homes we  
10 sampled in Libby and the two that we had hits in, these  
11 are actually houses in Libby, not the railroad loading  
12 plant, not the Parkers' place out there. It's a  
13 separate house in Libby.

14 Well, I'm waiting for, on those houses, to get the  
15 rest of the garden soil and yard data back so I can  
16 figure out where and why the fibers are coming into that  
17 particular house. With that will also come the  
18 insulation samples. That will be my segue to the sample  
19 data update. I should actually have in my hands by the  
20 first of March all this data. It's probably going to  
21 take me a week or two to digest it all, what it means in  
22 the big picture. So I'll probably be back talking  
23 mid-March, I think it's what we -- that's even what we  
24 said back in January about this. Mid-March -- God  
25 forbid I'd be consistent about anything, but mid-March,

1 I'll be able to discuss in a larger area the complete  
2 set of data we have from the sampling we did in December  
3 and January.

4 And I really want to -- before I talk about  
5 individual plots beyond the two processing centers, I  
6 want to see all of the data, to see if we can put into  
7 meaning the garden levels and the air levels we saw  
8 inside houses, to see if there's any sort of  
9 correlation. That's going to take a bit of data  
10 digestion, try that in English, data digestion to do.  
11 So mid-March is when we'll have that back and when we've  
12 talked about it.

13 After the senate hearings and a few other meetings,  
14 I, I caught the message that folks think the pace of our  
15 data analysis is slow. So I've actually added on  
16 another laboratory to do analysis. We've, we've just  
17 finished the procurement for that. It's not going to  
18 help get this first batch of data done any quicker, but  
19 the next set of sampling we do, when we start getting  
20 into the next houses, which will be my next segue,  
21 should actually turn around a little quicker. We, we  
22 actually are getting better at handling and processing  
23 these samples and getting the stuff done as we go.

24 The next round of sampling in houses will start  
25 March 6. I'd hoped to start it this week or the

1 beginning of next week. But the labs are still backed  
2 up and, again, I don't want to -- I want to time this so  
3 I don't create log jams. And I want to get the other,  
4 the extra lab on-line. So March 6, we'll come back and  
5 do another round of ambient air sampling. We'll start  
6 back in in homes.

7 We're going to focus in now on two types of  
8 priorities. We've got a list of about 200 volunteers  
9 now. We're in the process now of culling out two  
10 priorities, homes of former workers and then homes that  
11 are closer to the two processing centers, i.e., closer  
12 to the old export plants. We'll really -- you want to  
13 count the one near the, the export plant that used to be  
14 down where the mill is now and then those are that  
15 closer to the screening plant. So that's MK Village and  
16 the trailer park out in that. That's not going to be  
17 all of it, but that's where we're going to focus the  
18 next round of data.

19 And the idea from that is we're going to try to see  
20 if we can pick up a geographic pattern moving away from  
21 these processing centers, if we can see a relationship  
22 to high levels in homes related to proximity to these  
23 different these processing locations. I don't know if  
24 we are or not, but it's one of the factors we're trying  
25 to cull out: Does that put you at more risk now, and

1 did it in the past, being located closer to these  
2 locations? That's, that's where that will focus in.

3 We mentioned before at the public meeting that we  
4 are going to do recounts, we are going to do some things  
5 with the analytical methodology to lower our detection  
6 levels. And we actually had planned to have that done  
7 by the end of February. I got faxed up the recounts  
8 today, so I'm six days ahead of schedule for once. I  
9 haven't had a chance to really go through it. First  
10 blush, it doesn't really change the results in terms of  
11 number of houses where we found fibers at the levels of  
12 concern.

13 Now, maybe I'll bring this up as an issue, what we  
14 are clearly seeing, and something a couple folks have  
15 brought to my attention I need to discuss better. This  
16 is -- I'm going to go ahead and segue now into -- No,  
17 I'm not, I'm going to save this. There's an issue about  
18 how we're doing the sampling analysis. And I want you  
19 all to know the methodology we're going through and how  
20 we're doing it. I'm going to put that aside for a  
21 second.

22 The next big thing coming on the table is the actual  
23 exposure assessment and medical screening. We are on  
24 schedule still to start that this April. It's actually  
25 going to be headed up by the Agency for Toxic Substance

1 and Disease Registry, ATSTR. Hope that I can say that  
2 enough that I can start saying ATSTR and folks will know  
3 what I'm talking about.

4 Brad and Gayla -- and I don't know if anybody else  
5 from Libby went. We actually convened a, in Cincinnati  
6 this week a sort of meeting of, I'll call them medical  
7 luminaries from around the country. There were some  
8 folks from Mount Sinai Hospital in New York, some folks  
9 from the University of Cincinnati, some different  
10 government agencies who specialize in the  
11 identification, treatment, and care of asbestos-related  
12 diseases. And what we put forth and tried to work out  
13 is sort of the first draft of the screening protocol;  
14 how we're going to test people, what kind of testing  
15 we're going to do, who we're going to make it available  
16 to.

17 The idea is that there's some larger issues in the  
18 medical community about how you do these studies. We  
19 wanted to get input from the smartest people we could.  
20 Believe it or not, you know, people a lot smarter than  
21 me, as opposed to me like drawing it on a napkin and  
22 just doing it.

23 All right, Leroy, that was, that was harsh.

24 But this is one of the things, by the way, when I  
25 talk about how we do the plans, that you all need an

1 input to, even if it's not, you know, strict -- You  
2 know, we'll involve the local medical community, but  
3 it's, to me it's important that folks outside of the  
4 local hospital, outside of the medical community,  
5 outside of the government agencies see how this is  
6 getting put together, see how we make decisions about  
7 the number and types of sampling and testing we do.  
8 Because these are -- Again, there's not a standard way  
9 to do this. We're going to develop the protocol for use  
10 here and we need public input on it.

11 As I understand it, they came to a pretty decent  
12 consensus about how the protocol should be implemented  
13 and the types of tests that should be done.

14 Since I wasn't there, Brad, you can --

15 DR. BLACK: Yeah.

16 MR. PERONARD: -- nod at that. I haven't talked  
17 to Chris yet.

18 We will actually circulate that for public comment  
19 before it gets done. The, the time frame for actually  
20 getting that out for evaluations is probably the first  
21 of March, second week of March, thereabouts. People  
22 will start beginning to be getting calls around town.  
23 We're actually going to do what we're calling screeners,  
24 we're actually going to phone everybody that lives in  
25 the Libby Valley and ask, there's like 12, 15 kind of

1 questions about your life history in terms of did you  
2 work at the mine, do you want to come and participate,  
3 do you have any asbestos-related diseases, to try to  
4 sort of drum up interest, is that -- probably not the  
5 word I want to use, but sort of start prioritizing folks  
6 to get in, to set up schedules for medical screening.

7 When the actual screening gets done, there will be  
8 a, a longer more in-depth medical survey, with the  
9 complete job histories and stuff like that, as well as a  
10 combination of chest x-rays and different pulmonary  
11 tests, the details of which will be in this evaluation  
12 that we're going to put out.

13 We've actually already started to acquire -- to buy  
14 the equipment to do it. No matter how you slice it up,  
15 you end up having to have x-ray equipment, different  
16 pulmonary testing equipment. So I'm in the process of  
17 buying that stuff. We're lining up space near the local  
18 hospital where we're going to put in a trailer, get it  
19 outfitted. The equipment stuff will stay locally once  
20 we're done with it. But the idea is we'll set up the  
21 space to do that. And we're, we're doing that now. It  
22 should keep us on track -- I mean, it's not a done deal.  
23 We haven't figured out exactly how all this is going to  
24 work out, but if I don't start getting the equipment and  
25 stuff lined up now, we won't be ready to start in April,

1 even if we do get input on it.

2 So you'll start getting calls in March. And there  
3 will be a, probably a big announcement asking for plans  
4 and -- comments and input on the plan itself. And the  
5 ATSTR will start doing what they call availability  
6 sections, where they'll come, available to answer  
7 questions specifically about the, about the medical  
8 screening, testing, and protocols there.

9 Just, again, getting back to the seamless  
10 coordinated government, if you don't feel like dealing  
11 with just another entire government agency, you can  
12 always call me or our office. We can run down the right  
13 people at ATSTR for you to talk to. That's -- Why  
14 should you all have to learn another government  
15 organization? It's been hard enough for me, we  
16 shouldn't waste that upon everybody else as well. But  
17 that's coming.

18 And to me, by the way, this is a pretty crucial  
19 element to our overall big picture answer for the state  
20 of Libby and what it means to live here now or lived  
21 here in the past. So it's a big element. It's very  
22 important to us that we get people out to participate in  
23 it, that we get, you know, that we actually go out and  
24 find the workers, their families, no matter where they  
25 are, that we identify a broad spectrum of the community



1 out here in the Libby Valley and get them in there and  
2 get them through the screening. It's a lot of  
3 information for us. I think it will provide a good  
4 medical service back to the community, at least a first  
5 start on getting some more definite answers to the basic  
6 question: How many cases are we really talking about  
7 out here in Libby? And this is, this is going to be our  
8 one shot at being able to answer that, really, first  
9 shot at it.

10 Okay. So that's going to be my segue to issues that  
11 are coming up.

12 Specific with the exposure assessment/medical  
13 screening, we've been struggling, wrestling, debating --  
14 I wasn't going to use that word, but, but trying to  
15 figure out who we actually do in this first screening  
16 and how many. Right now, the way I, I understand it,  
17 we're probably looking at former workers and their  
18 families, everybody within, say, two and a half miles of  
19 downtown Libby, which is basically the greater Libby  
20 Valley; and then anybody else who has had what we're  
21 terming special exposure scenarios, you played in the  
22 pile as a kid, you --

23 What were some of the others, Brad? That's, that's  
24 the one big one, but --

25 DR. BLACK: Well, service workers to the mine

1 site, another one.

2 MR. PERONARD: That's right. You -- Let's say  
3 you didn't work at the mine, but you serviced the  
4 vehicles from the mine. So that's, that's sort of the  
5 exceptions. And that's some of the questions that  
6 you'll get in these screeners that people will start  
7 doing the first of March.

8 MS. BENEFIELD: Now, this is going to include  
9 Troy families also, though, right? That's a question  
10 that came up after all of this other --

11 DR. BLACK: Yeah, that's, that's how it was set  
12 up. That's why they have the open meetings also. And  
13 it's, it's a chance to get self-referral. And it will  
14 be well-publicized. Because these -- a number of people  
15 have moved to different areas and, and I think the  
16 discussion that came up in Cincinnati, and Gayla was  
17 there, so -- but basically, the idea was, and I don't  
18 know what we'll finalize on, but hopefully, the idea was  
19 that whoever can make it back that used to work at Grace  
20 or, or lived in the, in the geographic area has an  
21 opportunity to come back and participate. But I, I  
22 don't think that has been final, and that's something we  
23 may want input on or something like --

24 MR. PERONARD: So that, I mentioned that because  
25 that (inaudible) very question, do you exclude or

1 include the entire population of Troy?

2 MS. BENEFIELD: Well --

3 MR. PERONARD: The, the pros for that is you get  
4 more people in there. The cons to that is it slows down  
5 the overall collection of the information.

6 MS. BENEFIELD: Well, I think you look at the,  
7 the criteria that they set up. And first (inaudible)  
8 criterias, it would exclude some people because they  
9 would have absolutely no relationship to the mines.

10 MR. PERONARD: And by the way, it's going to  
11 exclude some people who live in Libby.

12 MS. BENEFIELD: And some people who actually  
13 live here.

14 MR. PERONARD: Yes.

15 MS. BENEFIELD: But I thought that afterwards,  
16 because you -- They had talked about the  
17 two-and-a-half-mile radius and then the little neck up  
18 the river. And I totally, pardon me, John -- oh, he's  
19 gone, good. Plumb forgot about Troy.

20 DR. BLACK: And that's addressed with the other,  
21 the other public meetings. We'll address that in each  
22 area. There's going to be one in Libby also for the  
23 outlying areas outside of this geographic area.

24 MS. BENEFIELD: Yeah. There are, there are  
25 quite large group -- family groups of people living in

1       Troy who worked at the mine.

2               MR. PERONARD: Well, the working at the mine  
3 would bring them in the scope of the study. It's now --

4               MS. BENEFIELD: Yeah, that's what I was going to  
5 say, with the criteria.

6               MR. PERONARD: Now, we think this is going to be  
7 encompassing about 5, 5,000 people, which is a pretty  
8 broad screening. And so logistically, that's a  
9 couple -- you know, if you want a picture, doing x-rays  
10 and doing the interviews, that's a couple, three months'  
11 work just collecting that information. The, the balance  
12 there, if we make it available to everybody and it's  
13 12,000 people, this is just -- it extends the study that  
14 much longer and you probably didn't gain anymore  
15 information from the study aspect. You've provided a  
16 larger medical service. But you've got to weigh the  
17 pros and cons.

18              The, the whole point I wanted to bring that up is,  
19 when we put this out, take a hard look at what we're  
20 proposing for the scope of the study. And if it's  
21 something you can't live with, this is something we need  
22 to hear about.

23              UNIDENTIFIED SPEAKER: Are, are loggers included  
24 in that --

25              MR. PERONARD: It's going to be one of the

1 special service work groups. And we probably need to  
2 make sure that's a line item. If you've logged up in  
3 that area, then we want to make sure that you're  
4 included in the scope, that you know you're invited to  
5 come get tested. That's regardless of where you live.

6 MS. BENEFIELD: I think pretty much anybody who  
7 lived in Libby is going to be able to --

8 MR. PERONARD: I think when it comes down there,  
9 it's, it's about right.

10 There are some specific issues, again, there,  
11 there -- It gets into minutia almost, but there's some  
12 debate over how we order the test. Do we order it just,  
13 you know, for example, do we just do x-rays on the first  
14 set of people and then do call-backs for pulmonary  
15 evaluation where we see changes in the x-rays or do we  
16 need to do a combination of tests first?

17 I can sit down with the six of these doctors and  
18 get --

19 DR. BLACK: We finalized that.

20 MR. PERONARD: -- three, three different things.  
21 Did you finalize that?

22 DR. BLACK: That's been taken care of.

23 MR. PERONARD: All right.

24 DR. BLACK: You just missed it.

25 MR. PERONARD: Well, we didn't finalize it.

1 We're going to come up with --

2 DR. BLACK: We're going to -- it's going to  
3 be --

4 UNIDENTIFIED SPEAKER: Send you the bill.

5 DR. BLACK: It's going to be formally put  
6 together and then it should be available next, next  
7 week, I think.

8 MR. PERONARD: Okay. But again, this issue over  
9 how we do the testing is something that I think the  
10 community ought to have input on, now that U.S. eggheads  
11 (inaudible) my eggheads have worked on it. The  
12 community ought to have an input about how this is done.  
13 So that's a specific question that, you know, maybe you  
14 all resolved in a broad way and it's a non-issue now. I  
15 was, I was a little worried about it. But maybe you  
16 fixed it. Maybe you decided what I wanted and therefore  
17 it's okay. All right.

18 Combination with the medical information, I, I  
19 alluded to it earlier. As soon as we start doing  
20 medical screening and testing, we are going to generate  
21 medical cases that are going to demand resources on  
22 local medical care infrastructure. And Gary is still  
23 down there. And this, by the way, doesn't even have to  
24 do with asbestos-related diseases necessarily. If you  
25 take 5,000 x-rays, we're going to -- heart conditions,

1 other medical problems are going to fall out of this  
2 just in general.

3 UNIDENTIFIED SPEAKER: Respiratory (inaudible),  
4 too.

5 MR. PERONARD: Folks are going to want medical  
6 care. Where are they going to do that? How long are we  
7 going to be able to provide and who is going to provide  
8 that care? This is a big issue, not necessarily an EPA  
9 issue, local community issue that I think warrants  
10 discussion now.

11 When we, you know, the hospital announced they  
12 decided to take the, the first check in from W.R. Grace,  
13 I got three calls from people who were very upset about  
14 that. I got three calls from people who thought it was  
15 a very great idea. The one thing that all six callers  
16 had in mind was, well, I wish somebody would put this  
17 choice out in the public forum to debate first, to talk  
18 about what the pros and cons are or how we're going to  
19 do that.

20 Now, I actually think it's a good idea, myself --  
21 I'm going to offer an opinion here -- if the money is  
22 taken without the strings attached and there's ways to  
23 do that. It makes sense to me that Grace bear financial  
24 responsibility for some of this testing, evaluation, and  
25 medical care. It's not the end of the answer. And that

1 issue needs to be discussed publicly, in my mind. So  
2 I'm going to bring that up. Not my issue, but something  
3 the hospital and the local medical community is going to  
4 have to deal with.

5 UNIDENTIFIED SPEAKER: I think it's part of what  
6 John had asked everybody in this room --

7 UNIDENTIFIED SPEAKER: What's in it.

8 UNIDENTIFIED SPEAKER: You bet.

9 MR. PERONARD: So since he left, I was trying to  
10 harp on that.

11 All right, I know I'm droning on here, but there's  
12 issues about how we do the sampling. One of my goals  
13 here is that when we're done with all our sampling and  
14 evaluations, that we'll be done and that there won't be  
15 lingering questions that you all are going to be asking  
16 two years from now about is it safe to be in Libby or  
17 not.

18 Now, this, this brings up a very fine point. When  
19 we do our testing, right now, we've targeted looking at  
20 a very specific size and shape and diameter of fiber,  
21 longer, skinnier fibers, that we're using to, to make  
22 our estimates and decisions about where the worst risks  
23 are now. There's a, a dissenting opinion in the medical  
24 community over whether shorter, fatter fibers actually  
25 cause harm or not. And again, I can -- that was



1 something that was discussed in Cincinnati. I don't  
2 know if that was resolved or not, Brad.

3 DR. BLACK: You're not going to get any help on  
4 that one.

5 MR. PERONARD: At some point in time, we're  
6 going to have to say, okay, this level in the air of  
7 these shorter fibers is safe or unsafe. You know,  
8 again, and where this is heading is we're going to have  
9 to make a decision about what we're going to do. Is  
10 that zero, is it, you know, .00005 fibers per cc? But  
11 at some point in time, I'm going to have to say, this  
12 is, this is what we're doing. How we get to this  
13 decision, how we do our testing is very important, then  
14 on how we decide what length of fibers and at what level  
15 we're concerned about.

16 It's not something that's going to fall out in this  
17 first screening as we're looking for things. But if  
18 we're ever going to answer the ultimate question, is it  
19 safe to have a house in Libby, we're going to have to  
20 have an answer to this. Because -- And apparently, I  
21 didn't make myself clear at the public meeting. In  
22 about a third of the samples we collected, air samples,  
23 in people's homes, we found these shorter, fatter  
24 fibers, okay. I'm going to say that again.

25 We've talked about two houses that had the fibers

1 the length of concern. Those are those longer, skinnier  
2 ones. All right. One of those was Chrysotile not  
3 related to the mines. We had one house that had these  
4 longer, skinnier fibers in it in Libby that's of levels  
5 of concern to us. In about a third of the samples,  
6 pretty low concentrations, especially relative to what  
7 used to be here, or at the mine, we found these shorter  
8 fibers.

9 Right now, a month ago, I would have told you these  
10 shorter fibers are not that big of a deal and they don't  
11 mean anything and there's no risk to them. There's a  
12 segment in the medical community who says, well, wait a  
13 second, we don't know that, we can't say that.

14 Before I leave, I want to have some sort of answer  
15 that you all know how we arrived to -- arrived at it,  
16 about what these shorter fibers mean. People who are  
17 interested in this subject, it means you have to learn  
18 an awful lot about asbestos sampling methodology and  
19 about why and how the (inaudible) physiology is on  
20 there. So this is a, to me, a topic that is ripe for  
21 not everybody necessarily to delve into, but, you know,  
22 for a pretty focused group to evaluate. But it's  
23 something that we're going to have to resolve one way or  
24 another before we say we're done here. And I'd rather  
25 do that up front and do it in the short term than having

1 this drag out for another year.

2 MS. BENEFIELD: Can I comment on that?

3 MR. PERONARD: Sure. Sure, Gayla.

4 MS. BENEFIELD: My, my gut feeling on that is,  
5 is -- and as I expressed in Cincinnati also, is the fact  
6 that 20 years from now, we don't want to look back and  
7 realize we made the wrong decision.

8 UNIDENTIFIED SPEAKER: That's right.

9 MS. BENEFIELD: I mean, that's, that's No. 1.  
10 And nobody knows that much about tremolite and, and the  
11 effects of tremolite. They do about commercial  
12 asbestos, but not tremolite. And this is something  
13 that, that came up. And people there were, some were  
14 saying cut it off at the F5 micron and other ones were  
15 like, like Paul now, it's like -- it's a heavy decision.  
16 Because you aren't going to know the effects of leaving  
17 that, that fine micron or other fiber.

18 DR. BLACK: Yeah, there were -- Just for the  
19 group, there were some, there were some people there  
20 that were experts in, in risk analysis for communities.  
21 It's been a very difficult thing to define what is a  
22 safe level of asbestos in your, your air you breathe.  
23 And somewhere along the line, you know, there's, there's  
24 asbestos in everybody's air that we breathe. But the  
25 question is, is, what is in our air and what danger does

1 it pose to us?

2 The -- I think that you're talking about issues --  
3 There's some people that are looking at some specific  
4 ways of trying to define that, so that we, you know, and  
5 there's some people that think -- There's one, one  
6 person in particular who has come up with some rather  
7 complex analyses to try to define risk with fibers, and  
8 he really does believe that the long fibers are the big  
9 issue, that they correlate the best with risk.

10 Now, right now, it looks good, but yet, not -- there  
11 was not a consensus in that group that we should go  
12 ahead and use that, use, use his criteria to, to  
13 determine that risk. So the general consensus of the  
14 group of the specialists that were there was, no, we  
15 can't go with that. What we'll have to do is, is look  
16 at it from this way, we'll have to go through the  
17 screening process first of all and see what the impacts  
18 are of that particular fiber in our community, see, see  
19 who it impacts and see -- and then we can determine some  
20 levels of the, of the potential toxicity with it in that  
21 group up to a certain point. And then we can, at that  
22 point, hopefully have, with that information, know how  
23 seriously to, to work on this, this fiber level. In  
24 other words, can we diminish it to nothing? We don't  
25 know. And how much cleanup would it take and that sort

1 of thing.

2 I think those are all things we -- that Paul is  
3 going to need help on and, and I'm -- And medically,  
4 we're not going to have -- we're going to give you the  
5 best recommendations with all the experts' opinions on  
6 that and, and, and we'll, hopefully we can help him make  
7 that decision, if --

8 FACILITATOR MUELLER: Dennis has his hand up.

9 UNIDENTIFIED SPEAKER: I have a question.

10 DR. BLACK: Yes.

11 UNIDENTIFIED SPEAKER: During the screening, can  
12 you determine the difference between asbestosis, any  
13 other carcinogen, i.e., smoking, like bad DNA, or...

14 MR. PERONARD: You've got three types of  
15 diseases -- well, two types, and I'll break one of them  
16 into two further types. Asbestosis, the fibrosis, the  
17 thickening of the, of the -- formation of scar tissue in  
18 the lungs, is very distinct to asbestos exposure.

19 UNIDENTIFIED SPEAKER: It is.

20 MR. PERONARD: Maybe you can get something like,  
21 similar to it from silicosis (inaudible) silicon fibers.  
22 It's not something that's happened here. It's pretty --  
23 something you can contribute to asbestos exposure. Now,  
24 you don't know where exactly people got their exposure  
25 necessarily, again. You (inaudible) cases, people work

1 at breaks. Obviously, one of the -- I mean, the obvious  
2 candidate here is working at the mine or associating  
3 with the tremolite mill. But something (inaudible).

4 You have, lung cancers would be the second type of  
5 disease. Of these, you have a type in the pleural  
6 lining of the lungs -- you can see how well I'm doing at  
7 this, Brad, until I get it wrong -- mesothelioma, which  
8 again is very specific to asbestos exposure. It's a  
9 type of tumor you don't see generated by hardly anything  
10 else. And if you've got it, your first thought is it's  
11 asbestos exposure. Might have had something bizarre,  
12 but that's 99.99 percent of the cases, is asbestos  
13 specifically.

14 When you talk about tumors in general, in the lungs,  
15 it's very -- short of having a, a, an autopsy and seeing  
16 the fibers in there, it's very hard to determine what  
17 caused that tumor, unless you see other clinical signs  
18 of asbestos exposure that you can relate to it. So for  
19 a lot of tumors, it's a lot grayer. Two types, it's,  
20 it's pretty clear.

21 And, Ron, if you want to embellish on that --

22 UNIDENTIFIED SPEAKER: No, I think that's very  
23 good.

24 MS. BENEFIELD: Don't give up your day job,  
25 Paul.

1 UNIDENTIFIED SPEAKER: Yeah, when are you going  
2 to start operating?

3 MR. PERONARD: Where is my knife? Didn't you  
4 take my knife today?

5 Okay. So with the sampling, in addition to this  
6 issue of fiber size, people ask me, how many houses are  
7 you going to sample? There's going to be some point in  
8 time where I'm going to say I think I've sampled enough  
9 houses to know what we need to know to talk about risks  
10 here in Libby. Some folks want me to sample every house  
11 in the valley. Well, I don't think I need to do that.  
12 But there's going to be a point where I, I say it's  
13 enough, and when I make that decision, I want folks to  
14 know how I concluded that and make sure that we've  
15 answered all the questions.

16 Yes.

17 MS. SKRAMESTAD: That's one of the questions a  
18 lot of people have been asking, the sampling on this  
19 house insulation, is: When you get through, you're  
20 going to say it is or it isn't. Is there going to be a  
21 guarantee? Are you going to give them something in  
22 writing and have it so that you can say this -- so if  
23 somebody wants to sell their house, or somebody wants to  
24 buy a house, is this going to be something you're going  
25 to do and notarize it and say, I checked this house,

1       that it's free, it's clear, and there is no problem?

2               MR. PERONARD: Depends on what we find. If  
3       every insulation sample we have has asbestos in it, then  
4       I'm going to say just the opposite. I'm going to say,  
5       hey, anybody that's got Zonolite insulation has got  
6       asbestos in their insulation. And I, you know -- Like I  
7       said, I don't have to sample 6,000 houses to figure that  
8       out. I can do that with, you know, 30, 50.

9               If they, they all come back clean, actually, I  
10      need -- it's pretty funny, I need more samples to prove  
11      that there's no asbestos in the insulation than I do to  
12      prove it is, statistically speaking. And that's why  
13      we'll come to a point where, gosh, do I need a hundred  
14      insulation samples to do that? And I'll do a  
15      statistical showing that here's the, you know, these  
16      hundred houses, we've got this distribution, the level  
17      is low. And, yes, I'll do enough houses that I think I  
18      could say that categorically, asbestos doesn't have it  
19      in there.

20              Where it's going to get more, more difficult is if  
21      we see a broad range of asbestos concentrations in the  
22      insulation. Because there's a lot of things at the mine  
23      that would tend to vary the concentration in the  
24      insulation; where they were mining it, how it was  
25      processed and handled, what size or screening it was,



1 and where people picked it up. That's the most  
2 difficult answer. That's the scenario where, where I'll  
3 probably talk about doing lots and lots more houses if  
4 we start seeing corresponding air levels.

5 This, this is why I get into -- My sample analysis  
6 plan, we've, we've got a proposed site model for how  
7 people get exposed. If I find asbestos in insulation,  
8 but I don't see air levels in people's houses that they  
9 got it in there, what I'll probably come up and say is,  
10 hey, look, you should probably treat this material as if  
11 it had it in there for remodeling purposes, maybe you  
12 want to have your house tested if you ever do remodeling  
13 or selling it, but we don't see it posing a risk in the  
14 community as the house stands.

15 God, that's going to be a tough subject. I'd just  
16 as soon get the data back first and then argue about  
17 what we have, instead of going through hypotheticals.

18 That's the most difficult situation, Norita, about  
19 how many houses we're going to have to sample.

20 MS. SKRAMESTAD: Yeah, because that -- You know,  
21 at one time, somebody said, you know, too, about sealing  
22 all this stuff. They questioned sealing, too, because  
23 for the simple reason if you have it in your attic, you  
24 might need your house rewired or for any other reason or  
25 you do want to remodel, but mostly -- or put in plug-ins

1 or whatever. So that stuff could still be there. And  
2 this was another concern, you know, when you mentioned  
3 sealing it off.

4 UNIDENTIFIED SPEAKER: Well, these houses, in  
5 the spring and fall, I mean, they settle and groan  
6 and --

7 MR. PERONARD: I see the analogous to, a lot of  
8 ways, to lead-base paint or to asbestos in, manufactured  
9 asbestos in other products. It's not just the issue of  
10 is it there or not. It is, is it in such a condition  
11 that it's falling out and you're breathing it in.  
12 Because you have different -- you need to do different  
13 responses for the two situations.

14 One is, look, don't touch the stuff, and if you do,  
15 if you do need to remodel, then you need to protect  
16 yourself or use a licensed contractor. It's a much  
17 bigger issue if it's actually getting out into the  
18 breathing zone as it sits. And a lot of that is a  
19 house-by-house determination.

20 FACILITATOR MUELLER: Paul, I, I thought Norita  
21 asked you a slightly different question, and that is,  
22 will EPA issue written certifications, after they've  
23 tested a house, that it's clean or not?

24 MR. PERONARD: Well, we'll make it -- Sure. And  
25 then we'll make a broader statement over -- you know, in

1 two cases, we'll give a thumbs up or a thumbs down; it  
2 has asbestos in it or it doesn't. Those are two clear  
3 possible cases. It's the middle ground where you get  
4 back into a house-by-house testing. That's, I think  
5 probably going to be the most difficult to give a  
6 satisfactory answer to people. And by the way, that  
7 affects so many more people than just the community of  
8 Libby. It's not a decision that I'll be making, by the  
9 way. That's, that's a national issue. There's, you  
10 know, a million houses with this stuff in it.

11 FACILITATOR MUELLER: Paul, have you, have you  
12 got a lot more, because we're at a quarter to 9 now and  
13 I promised the people in the audience an opportunity for  
14 them to ask questions or make statements, and we'll  
15 honor that. And then we need to decide on the agenda  
16 for the next meeting.

17 MR. PERONARD: The last thing I have on my list  
18 is what we're going to do in terms of both  
19 characterizing and then do cleanup work at the mine site  
20 itself. I'll try to give a, this fall -- this fall --  
21 this spring, a rough draft of our plan, you know,  
22 stating our plan for how we're going to try to  
23 characterize the mine. And I want folks to take a look  
24 at that. Because that's the other sort of issue that's  
25 hanging out there.

1           And that's it.

2           FACILITATOR MUELLER:   Okay.   Were there other  
3 questions that you folks didn't have a chance to, to ask  
4 Paul and then I'm going to get to the audience.

5           UNIDENTIFIED SPEAKER:   I've got just one  
6 question.

7           FACILITATOR MUELLER:   Okay.

8           UNIDENTIFIED SPEAKER:   Paul and Dr. Black, if  
9 the, if the medical experts come back with the decision,  
10 they finally reach their consensus on the short fibers  
11 being a problem, and, Paul, your, your data shows that,  
12 you know, 50, 60 houses or 50 percent or whatever you're  
13 claiming in the houses, if somebody doesn't get their  
14 house tested and he comes back later and says, "Yeah,  
15 I've got it in my attic," and there's remediation  
16 already planned, figuring what they're going to do with  
17 these houses, those guys aren't going to be locked out  
18 of the process as far as getting cleaned up.

19          MR. PERONARD:   If we get into the position where  
20 we need to start doing cleanups in houses, then we need  
21 to do, I mean, I say literally, a house-by-house  
22 scenario.

23          UNIDENTIFIED SPEAKER:   Okay.

24          DR. BLACK:   And maybe you misunderstood, Don.  
25 What I was -- what I wanted to make clear was that we're

1 not going to know, there's nobody that's going to come  
2 in here and tell you what fiber size, right now, that --  
3 I've not heard anybody from our discussions in  
4 Cincinnati --

5 UNIDENTIFIED SPEAKER: On top of the screening.

6 DR. BLACK: So, yeah, we need to determine the  
7 toxicity based on what we see in the screening of the  
8 community. You know, if we, if we see impacts that we  
9 didn't expect to see and, and we're concerned more about  
10 toxicity, then I can guarantee you there will be a --  
11 you know, we'll be looking at that very significantly,  
12 I'm sure.

13 So, in other words, Loren, in every aspect, you  
14 know, not just one fiber size, I think we'll -- I, I  
15 can't answer that right now, but I think as, once we get  
16 to that point, that's a, that's a topic of discussion  
17 again. Isn't it? Isn't that what you said?

18 MR. PERONARD: That's the only reason I  
19 raised --

20 DR. BLACK: And we want you to know so you don't  
21 feel like there's some distrust -- you know, we want the  
22 trust to be there. I certainly do, and I think that's  
23 what Paul is trying to say. And we don't even work  
24 together, by the way. I don't know --

25 UNIDENTIFIED SPEAKER: (Inaudible.)

1 DR. BLACK: A few times we've sat by each other,  
2 so...

3 (General discussion.)

4 FACILITATOR MUELLER: One more question from the  
5 committee and then I want to open it up for the  
6 audience.

7 Tony.

8 MR. BERGET: Just, well, I'll let him have the  
9 question, but you had us write down some different  
10 questions. Maybe we can just turn those in later --

11 FACILITATOR MUELLER: Well, that's what I was  
12 going to suggest. We're not going to get to those  
13 tonight. So if, if those of you that wrote down  
14 questions will pass them in, we will compile them and  
15 attach them to the summary so that you will all see all  
16 the questions that were passed in. And we'll, we'll  
17 focus some more next time on the questions.

18 Now, for the audience.

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IN WITNESS WHEREOF, I have hereunto set my hand  
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*Cheryl Romo*  
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Court Reporter - Notary Public  
My Commission Expires 8/4/03